Action against manufactures of sub-standard, drugs

358. SHRI M. BASAVARAJU: WiH the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what follow-up action has been taken by various State/ Uniori Territory Governments in pursuance of the recommendation of the Ninth Joint Conference of the Central Council of Health' and the Central Family Welfare Council, held in New Delhi in 1983 to the effect that stringent action be taken against manufacturers of sub-standard drugs;

(b) whether Government have received any reports from States/Union Territories regarding action taken against such manufacturers during the current year; and

<c) if so, what are the details thereof State/Union Territory-wise?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI) : (a) to (c) The Resolution containing recommendations of the Ninth Joint Conference of Central Council of Health and Central Family Welfare Council held in July, 1983 in New Delhi was sent to all States/Union Territory Governments for implementation. Seven States/Union Territories[1]—Assam, Haryana, Punjab, Chandigarh Dadra and Nagar Haveli, Pondicherry and Goa, Daman and Diu have, in their implementation reports, stated that they are following the guidelines laid down by the Drugs Consultative Committee regarding the action to be taken against the manufacturers whose products have been found sub-standard.

Ban on Capitation Fee

359. SHRT M. BASAVARAJU: WiH the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Ninth Joint Conference of the Central Council of Health and the Central Family Welfare Council held in New Delhi, jn 1983, had recommended that the State/Union Territory Governments should take steps to put a ban on the practice of charging capitation fee for admission of students to medical institutions;

(b) whether Government have received any action taken report from State/Union Territory Governments. in this regard;

(c) if the answer to part (b) above be in the affirmative, what are the details thereof, State/Union Territory-wise; and

(d) if no such report has been received, whether Government propose to ascertain the position from the States/Union Territory Governments?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) to (d) As per available information, the following medical colleges are reported to be continuing to charge capitation fee for admission of students despite the recommendation of the Ninth Joint Conference of the Central Council of Health and the Central Family Welfare Council:

1. Kasturba Medical College Manipal, Mangalore.
2. J. J. M. Medical College. Devangere.
3. J. L. N. Medical College, Belgaum.
4. M. R. Medical College, Gulbarga.
5. M[J]. S. Ramaiah Medical College, Bangalore.
6. Kampegowda Institute of Medical Sciences Bangalore.
7. Dr. B. R. Ambedkar Medical College, Bangalore.

Punjab.

8. Dayanand Medicai College, Ludhiana.

Andhra Pradesh:

9. Siddartha Medical College, Vijayawada.

School Health Services

360. SHRI M. BASAVARAJU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to

state:

(a) what are the details of steps taken so far to establish organised School Health Services, as envisaged in the National Health Policy; and

(b) if na such steps have so far been taken, by when these are likely to be taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI *MOHSINA* KIDWAI): Ca) and *(b)* It has been decided to launch a School Health Programme on experimental basis in IOO Primary Health Centres during the current financial year as a preparatory step to launch a National School Health Programme for implementation throughout the country during the 7th Five Year Plan.

361. *[Transferred to the 3rd August,* 1984.]

Promotion of Iodised Salt in the country

362. SHRI M. BASAVARAJU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to ftate:

/a) which iodine-deficient areas in the country have been identified so far and what is the number of persons suffering from iodine deficiency, area-wise;

(b) what steps Government have taken to supply iodised salt to the endemic areas;

(c) what steps Government propose tr> taVp tn aiiffmpnt nmrluction of iodised salt and also to promote use af iodised salt by general public specially in the endemic areas through mass education programme, utilising all available mass media; and

(d) by when Prevention of Food Adulteration Act is likely to be amended for increase in the iodine content in salt?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) to (d) A statement showing known iodine deficient areas in the country and the estimated number of persons suffering from iodine deficiency is enclosed.

12 iodization plants have been installed for the supply of iodised salt to the goitre endemic areas. In order to augment the production of iodised salt, State Governments/Union Territories Administrations have been addressed to encourage commercial production of iodised salt both in the Public and Private Sectors.

The concerned State Governments/ Union Territory Administrations have also been advised to make use of radio, TV and other media and distribution of educational material for promoting the use of iodised salt among the masses.

The draft notification regarding proposed amendment in the Prevention of Food and Adulteration Act stipulating increased level of iodine in iodised salt is expected to be published shortly, for inviting suggestions/objections from nubile.

Statement

Population of Goitre Endemic districts overall prevalence rate of Goitre, population affected from goitre in each State/Union Territories

Sl No.	States/Union Territories District	Total population (in lakh)	Percentage of prevalence Date	Population affected (in lakh)
1	2	3	4	5
1	Himachal Pradesh	42.8	38.07	16.2
2	Jammu & Kashmir	59.8	24.4	14.5